CONFERENCE REPORT

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Glasgow Grosvenor Hotel

The Scottish Women's Convention

Your Maternity Journey, Your Voices: Women's Experiences in Scotland

Mary Ewen

SWC Board Member

I have had the privilege of having the most fabulous professional experience available; working within the maternity system for over 40 years. Reflecting back to my midwifery training in 1978/79, I remember the concept of being '**with women**' as core to the role of midwifery. I was taught to walk the pregnancy journey with women; to teach her about her body and how it was changing; to grow in confidence; to grow her baby; to give birth; and then meet and care for this new wee person who would become a part of the country's future.

Check out our larger report here, which provides an in-depth look at women's maternity experience in Scotland.

Many of the skills and knowledge gained, were taught to me by women giving birth in a small maternity home in Aberdeen. This was a midwifery-led birth centre for all women experiencing a normal pregnancy. I also learned about the need for intervention and support requiring obstetric management within the main maternity hospital. My extensive experience working in variable community settings further developed my respect for women's role across the maternity journey.

However, recent Roadshows carried out by the Scottish Women's Convention (SWC) have left me wondering if these key elements have been pushed to the wayside in place of a medicalised model of care. Women residing rurally have experienced a significant reduction in service-provision and at a national level there is an increase in medical interventions - such as induction and caesarean section - generalised birth trauma, and postnatal mental health problems.

To help understand the background to these alarming changes, the SWC have commissioned the following work, asking women to consider their maternity experiences from early pregnancy to the postnatal period. As part of this work, we held the following conference, which facilitated expert speaker contributions and roundtable discussions. Additionally, to limit barriers to participation, the SWC provided creche facilities, as well as up-to-date maternity data. I hope that through this work, the recommendations highlighted will allow for a return to a women-centred service, which promotes care and compassion for patients and staff.

Key Recommendations

- Urgently increase the number of midwives working within Scottish maternity care.
- Centre women throughout maternity care, with a focus on consent and respect.
- Ensure that trauma-informed approaches are taken to consider the impact of miscarriage and/or baby loss.
- Provide women with guaranteed continuity of carer throughout their pregnancy.
- Expand availability of NHS-provided postnatal and antenatal care appointments to reduce the impact of inequalities.
- Invest in breastfeeding support, using a combination of public and third sector providers.
- Embed cultural safety awareness training throughout NHS Scotland.

Carol Mochan MSP

Carol is a Scottish Labour politician, becoming an MSP for the South Scotland region in 2021. She grew up in Ayrshire, going on to work in the NHS as a dietician for 17 years, while also being an active trade union member.

Carol fulfils two party roles, including Deputy Party Spokesperson on Public Health and Deputy Party Spokesperson on Women's Health. She is also the Deputy Convenor of the Women's Health Cross-Party Group at the Scottish Parliament.

Speaking first was Carol Mochan MSP from the Scottish Labour party. Carol began by emphasising the important role opposition parties play within the Scottish Parliament, contributing to good governance procedures.

- "…I really believe that to get a good government, you need a good opposition. So, my job is to make sure that I am questioning the government…to really scrutinise their actions"

Carol went on to explain the multiple formats used within the Scottish Parliament to further accountability, including, written questions, committees, and cross-party groups (CPGs). As an MSP, Carol has contributed written questions on a range of topics, with a significant focus on health and wellbeing as a result of her party role. In this capacity, she is a member of the Health Committee at the Scottish Parliament, discussing key policy processes with relevant government Ministers. Carol also carries out duties as Deputy Convenor of the Women's Health CPG, providing her with an opportunity to engage with organisations and lived experience individuals.

- "We can also do written questions…It's quite a helpful way of letting the Scottish Government know that we're watching what is happening in that particular policy area."
- "There is the Health Committee…it scrutinises…and it is useful to discuss the direction of policy in an informal environment."
- "The Scottish Parliament also has the CPG on Women's Health…They allow us to engage with professionals, organisations, and also individuals with lived experience"

Carol closed her contribution by reflecting on maternity issues raised by constituents and CPG members. She highlighted the barriers rural women have when accessing healthcare, emphasising the importance of localised service-provision. Carol also explained that student midwives face significant hardship, believing that more attention is needed in this area.

- "On an individual basis, a lot of constituents will approach us about rural maternity. We also get quite a lot about community services…what's really important to [women] is their local service and their ability to retain and receive a service locally."
- "It's not easy becoming a midwife, because of the increased cost of being a student"

> "I understand that we need to get that balance right; we need really good, powerful [maternity]services, so we get good delivery, but then constituents have to have that as local as possible."

Jaki Lambert

Jaki is the Country Director of the Royal College of Midwives (RCM), where she advocates for midwives and maternity support workers. Prior to this, she was the Professional Midwifery Advisor to the Scottish Government, where she was seconded from her role as Head of Midwifery in Argyll and Bute.

Jaki has nearly 30 years' experience across clinical practice, education, research, and leadership. She has served two terms as a fitness to practice panel member and was a Consultant Midwife after returning from working in the Centre for Maternal and New-born Health at the Liverpool School of Tropical Medicine. She worked with teams in Namibia, Zimbabwe and South Africa on capacity building implementation research programmes.

The second speaker of our conference was Jaki Lambert, Country Director of the RCM. Jaki provided women in attendance with a general understanding of changes within maternity services. She highlighted the increase in interventions, such as caesarean sections and inductions, explaining that this had changed the working patterns for midwives.

- "…going back to 1976, about 75% of births were vaginal, but in the present day, this is now half…the workload is completely different"

She suggested that the most likely explanation for this increase can be attributed to austerity measures put in place at a UK-level. Jaki stated that women were often significantly disadvantaged through the intersection of inequalities. This was then worsened for women with multiple protected characteristics or women who live in rural Scotland.

- "…if you're a woman in Scotland, impacted by the intersectionality of inequalities, then you will have a shorter lifespan and a shorter healthy lifespan – there are four areas in Scotland where the healthy life expectancy is only 54, while the average age that women give birth is around 30."

Jaki then went on to emphasise the importance of midwives in improving health levels for women and families throughout Scotland. She explained that evidence at a global level has consistently shown that midwifery care positively impacts maternity journeys. Yet, despite this evidence base, austerity measures over the past 10 years have eroded midwife numbers.

- "…the biggest intervention that makes a difference, is midwives. There's a huge evidence base that shows what makes the difference is that relationship with a midwife"

Finally, Jaki discussed the actions and solutions provided by the RCM. They have produced multiple recommendations, which focus on improving conditions for workers, highlighting the value in retaining a happy workforce. Jaki stated that an improved level of care could be achieved for service users through a human-rights based approach. Additionally, Jaki pointed to English apprenticeship routes, which allow women to be paid while completing their education pathway. She promoted that a similar approach should be taken in Scotland.

> "What maternity services look like in Scotland matters to every single one of us and my job is to advocate for the profession, because if midwives work in environments, where they can thrive…that creates really good quality care."

Dr Isioma Okolo

Dr Okolo is a consultant obstetrician and gynaecologist, global health researcher, maternal health advocate and leader in advancing racial equality in healthcare.

She sat on the Scottish Government Group for Racialised Maternal Inequalities and the Race Equality Taskforce at the Royal College of Obstetricians and Gynaecologists. She is a trustee of Amma Birth Companions and Director of KWISA, women of African and Caribbean Heritage in Scotland. She is the convenor of the KWISA-NHS Lothian initiative – Nothing About Us Without Us – a community participatory initiative aimed at promoting birth equity by promoting positive pregnancies for Black women living in Scotland.

Our third speaker was Dr Okolo, a consultant obstetrician and gynaecologist. She began by stating that assumptions surrounding language ability and structural racism contribute to poor health outcomes for racially minoritised women. A wealth of examples are available through KWISA's 'Nothing About Us Without Us' report and Amma Birth Companions' 'Birth Outcomes and Experiences' report.

- "We are trained in a system that is set to a default, which currently in Scotland is male, white, cis-gendered, heterosexual, Christian, normal BMI, and non-disabled. So, if you don't fit into that category, then you are more likely to experience adversity."

To counter the influence of structural racism within Scottish healthcare, Dr Okolo suggested improved engagement with racially minoritised communities. Through her work with Amma Birth Companions and KWISA, Dr Okolo has witnessed the extractive nature of consultation processes. Dr Okolo went on to state that to enable significant change, racially minoritised women should be invited to participate in accountability mechanisms, alongside improved funding and capacity-building for the third sector.

- "…the only solutions that I would argue we should focus on, are those provided by the people with lived experience and expertise, but often they are never in the room. They may be consulted along different stages of implementation, but never in evaluation."
- "…unfortunately, our service-users do not trust us…Black women are often described as 'difficult to reach'. We are very easy to reach; you just need to reach us!"

To conclude her contribution, Dr Okolo explained that changes must be made to mandatory training within NHSScotland. She stated that training modules are not currently effective, generally placing an increased workload on an overburdened workforce. Dr Okolo also proposed that healthcare providers must be given increased resources, with a preventative model taken to care, rather than the existing reactionary approach.

- "…my question is where do you want to pay the price? Do you want to pay that price today, investing in racially minoritised women's health…or do you want to pay it down the road?"

> "The evidence is there, it's always been there…in the stories from our women, stories from midwives and doctors and nurses who bear witness to these [racialised] disparities, day in and day out."

Rosie Kennedy

Rosie is a psychotherapist and perinatal mental health specialist with over 12 years of experience supporting families through the emotional challenges of pregnancy, birth, and early parenthood. She is the CEO and Co-Founder of Nurture the Borders, a Scottish charity providing therapeutic and peer-based support to parents across the Scottish Borders. Rosie integrates her clinical expertise with lived experience as a mother of three, offering trauma-informed support that empowers parents to recover and thrive. Her work is grounded in compassion, accessibility, and a commitment to reducing inequalities in maternal and infant mental health.

Our final speaker of the day was Rosie Kennedy, CEO of Nurture the Borders. Rosie reflected on her experiences of giving birth, with this strongly influencing the decision to establish her charity. She explained that after three pregnancies, the knowledge gained, equipped her with the ability to provide support for mums who were struggling with their mental health. Rosie highlighted the likelihood of poor mental health outcomes for pregnant women and new mums, focusing on the physiological, psychological, and social elements of pregnancy.

- "My first birth was a pretty traumatic experience and left me really, really struggling…my mental health took a real dive…So, further down the line, I thought that we should do something about it because there was nothing for women who were struggling."

Rosie went on to explain the journey of establishing Nurture the Borders. She stated that after an initial six months of funding from the National Lottery, general outcomes were so positive that the organisation grew significantly, now supporting over 200 women. This support takes a person-centred approach, working with women based on individual need.

- "I worked with 17 women, and what we did was we would go out to homes and listen, really listen, and…we started to take a person-centred approach."
- "It was the stories that really made the difference. Women told us how they felt when they were listened to, supported. It made such a difference to them, to their family"

In recent years however, the organisation has faced a range of challenges as a direct result of the Covid-19 pandemic; Rosie explained that during this time, referrals to the service rose by 150%. This has also been witnessed within the NHS, with the third sector stepping in to provide statutory services. To improve the situation in Scotland, Rosie proposed multiple solutions, such as continuity of care and early intervention.

- "As a service, we've seen people being referred having more complex challenges…What we've seen is that there have been challenges for the NHS to respond, which has left our charity…being flooded with referrals…since there are no statutory services for them."
- "…one solution is continuity of care, that's so important, that's what families tell us. Having the support when you need it, and being there throughout the process is so important."
- "Early intervention, not waiting until there is a crisis, not firefighting, but getting in there early"

> "Everyone wants to hold the baby, but who wants to hold the mother?"

Discussion

After contributions from speakers, we opened the floor to a Q&A and asked women in attendance to share their maternity experiences in Scotland.

Antenatal Experiences

When asking women to discuss their maternity journey, antenatal experiences were highlighted. Women provided good and bad practice, generally expressing positive, but limited, interactions with medical professionals. When questioned on reasons for the scarcity of appointments, they believed this was likely the result of reduced staffing. This attitude was reflected in the experiences of midwives in attendance, who pointed to a significant change in maternity staff – with community midwife numbers bearing the brunt of austerity measures. Midwives also pointed to the additional data-gathering during early pregnancy, which includes questions surrounding lifestyle choices and past medical history, as being important but time-consuming. They stated that instead additional time and/or appointments should be supplied throughout the antenatal period.

- "…there's a lack of consistency [in midwives], and that took its toll. I saw the same midwife for the first one the whole time, and that made a huge difference"
- "On the admin side of stuff…I would say that a first appointment can take about an hour, and 90% of the time is taken up with Scottish Government data collection…Like what her husband works as, if their grandfather had any illnesses…So, our booking is about data collection"

Community midwives were highlighted as key to improving experiences for pregnant women and babies. Women stated that through continuous relationship building with an assigned midwife, they were empowered to learn more about the maternity journey. This was expanded to the community more generally, with women emphasising the importance of community groups, where they could share their worries and knowledge with like-minded women. It was therefore suggested that through an emphasis on community-based antenatal care, women could be more effectively supported to have positive births, as well as improved mental health outcomes.

- "…I mean when I had my first baby, I was a midwife, but I still felt vulnerable. So, it's about empowering women and telling them that they have choices and a say. It's about listening"
- "…there used to be a lot more, maybe not formal antenatal classes, but gathering of pregnant women…and that's where the social element would come in…it was peer support."

Birthing Experiences

Women's birthing experiences were prominent elements of discussion. Some promoted the fantastic care they had received from midwives during their time in hospitals, despite challenging staffing shortages. However, negative experiences permeated through conversations, with many women in attendance explaining a sense of abandonment and trauma surrounding birth. Women suggested that the lack of staff had contributed to poor care, as did the reduced role women played within their own birthing decisions. Those in attendance explained that decisions were often "done to them rather than with them", with overly medicalised processes worsening outcomes. Women called for improved advocacy

for those in labour, as well as an increase in communication between patients, their birthing partners, and staff.

- "…I was induced, but the staff levels were so critically low, that's when the wheels started to come off. My treatment was so poor and it stuck with me to create trauma."
- "…in childbirth you don't get a voice, because it's all so medical, and you need someone to say that it isn't right."

Negative experiences were particularly suffered by ethnic minority women and migrants in attendance, who provided the SWC Team with harrowing examples of being ignored during labour. This included situations where staff had made prejudicial assumptions surrounding an ethnic minority women's English language capacity, and their subsequent ability to self-advocate. Unfortunately, examples given resulted in ethnic minority women and migrants experiencing poor mental health outcomes and a reluctance to become pregnant in the future. The systemic racism and discrimination faced by ethnic minority women and migrants, strongly relates to the contributions made by Dr Okolo above. Women strongly supported the recommendations proposed, such as improved cultural safety and consent awareness, as well as a reframing of the evident disadvantages within healthcare systems.

- "…everything that would have went wrong, went wrong…I was on my own the whole day. I was transferred to another room, people were just coming and going, they weren't speaking to me; they would just shove their hands down there to check how far along I was."
- "…they spoke to me so slowly, doing animations, and I mean, I told them that they could speak normally to me, I could hear them, I could understand them. It was literally someone looking at me and making an assumption"
- "I am speaking from the perspective as a person of colour…people are looking down on you…It's very tough when you're dealing with a system that is under strain. At the same time, there is also that systemic racism, people looking down on you, your rights are always being undermined"

Postnatal Experiences

Postnatal experiences were also discussed by women in attendance, in particular the impact of pregnancy on their mental wellbeing. Some relayed experiences of post-traumatic stress as a direct consequence of difficult labour, which was then not adequately handled by healthcare professionals. Additionally, some women found the breastfeeding process difficult, explaining that there was a lack of knowledge amongst new mums and medical professionals surrounding the impact of breastfeeding on mental health.

- "[During breastfeeding] my mental health has never been worse…I went into borderline psychosis…No-one prepared me for it…No-one could tell me what was going on"

Women went on to explain that when attempting to access support through their GP, they were often provided with antidepressants rather than counselling options. For those referred to further mental health interventions, long waiting times caused an increased likelihood of mental health crises - similar issues were identified through SWC work on women's mental health. To improve outcomes for new mums, it was suggested that there should be increased interactions with midwives during the postnatal period.

- "…going back to the mental health thing…when I was still in hospital, I saw the clinical psychologist…she spoke to me woman to woman…That's when I started talking to her about [my traumatic birth], and she then did my referrals, but that took three years for me to then be seen"

Conclusion

Reflecting on the insights gathered through this report, we are reminded of the foundational principles of midwifery highlighted by SWC Board Member, Mary Ewen: being 'with women' throughout their maternity journey. This ethos has been echoed in the voices of women across Scotland, who have shared their experiences from early pregnancy to the postnatal period.

The findings of the SWC highlight several key areas for improvement. The need for more midwives within the Scottish maternity care service is evident; women have expressed a strong desire for an increase in midwives to facilitate guaranteed continuity of care. We are heartened to have received so many direct mentions of midwives and maternity assistants throughout consultations with women. These references underscore the vital role that maternity staff play in creating a safe and secure service.

Helplines

If you have been impacted by any of the topics covered in this report, please head to the SWC website to find appropriate resources.

Additionally, women have called for a significant increase in publicly provided, localised antenatal and postnatal services, in an effort to reduce the impact of inequalities. This includes antenatal classes, mental healthcare, and breastfeeding support, in an effort to empower pregnant women to confidently care for themselves and their child. Midwives have also advocated for such a change, proposing that through comprehensive relationship building, women and babies will have positive outcomes. To further improve maternity care, women have also highlighted the need for compassionate, person-centred care, which considers the impact of miscarriage and baby loss on their healthcare journey.

Finally, the experiences of ethnic minority and migrant women highlight the need for significant change across NHS Scotland. Through continued structural racism and prejudice, these groups will continue to face negative health outcomes. Therefore, cultural safety training, alongside wider capacity building, plays a significant role in improving practices.

The recommendations outlined throughout this work illustrate the value in returning to a woman-centred service, that promotes care and compassion for patients and staff. By addressing these areas, we can work towards a more inclusive and supportive maternity care system that meets the diverse needs of all women in Scotland.

Thank You!

The Scottish Women's Convention thanks all women who attended our conference and who contributed via email. We thank our speakers for providing their contributions on the day and Big Voices Childcare Services for their invaluable support.

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